

City of Hialeah
Prospective Client Form
(This is not an enrollment Sheet)

Employee Name (Last, First): _____

Department: _____

Date of Birth: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Job Title/Duties: _____

Place check next to the policies that interest you.

Accident plan _____

Hospital Indemnity _____

Cancer Plan _____

Short Term Disability _____

Intensive Care Plan _____

Please fax back form to 305 262 2050 or email to jose_garcia111@us.aflac.com.

For more information contact Jose Garcia at 305 588 6720.